

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004178 (7)
 1. Corporation Name
MARTIN MEMORIAL SOCIAL SERVICE, INC.



Principal Place of Business 14700 LINCOLN BLVD. MIAMI FL 33176	Mailing Address 14700 LINCOLN BLVD. MIAMI FL 33176
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3. Date Incorporated or Qualified 08/09/1996	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0849789 APPLIED FOR		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**EWING, PEARCE
 14700 LINCOLN BLVD.
 MIAMI FL 33176**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	EWING, PEARCE	
STREET ADDRESS	14700 LINCOLN BLVD.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MCKAY, ROBERT	
STREET ADDRESS	15040 MONROE STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ALBURY, JUANITA	
STREET ADDRESS	14920 LOUIS STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLEY, CLIFFORD	
STREET ADDRESS	15920 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, ARLANDER	
STREET ADDRESS	8813 SW 113 PLACE CIRCLE WEST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETHEL, KENNETH	
STREET ADDRESS	11701 SW 208 STREET	
CITY-ST-ZIP	MIAMI FL 33177	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date **7/22/98** (305) 251-6232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)